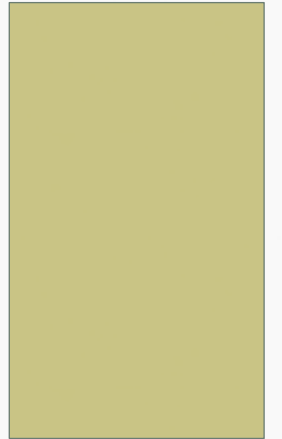


THE JOURNEY TO “EVIDENCE-BASED”

LESSONS LEARNED FROM UNIVERSITY-COMMUNITY PARTNERSHIPS



PRESENTERS

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WHO IS IN THE AUDIENCE?



WHY EVIDENCE-BASED?

- "The emphasis on evidence-based programs is grounded in the idea that the **maximum benefit** for children and families is delivered by programs that base their practice in the most **current, relevant, and reliable evidence** about the effectiveness of the program."

WHY EVIDENCE-BASED?

- For funders:
 - To choose between many available programs
 - To invest in programming that “works”
 - To use resources efficiently
- For organizations:
 - To refine programs and monitor implementation
 - To gain access to more funding sources

WHAT IS EVIDENCE-BASED?



CRITERIA USED BY RATING ORGANIZATION

| Criteria | Rating Organization | | | | | | | | |
|--|---------------------|------|------------|------|-------|-----|-----|-------|-------|
| | NREPP | WWCH | Blueprints | CEBC | UNODC | PPN | FTF | CBCAP | OJJDP |
| 1. At least 1 randomized control trial (RCT) published in a peer-reviewed journal | X | X | X | X | X | X | X | X | X |
| 2. Rigorous study methodology | X | X | X | X | | | | X | X |
| 3. Strong conceptual framework/theory of change | X | | X | | | | | X | X |
| 4. Ready to use materials | | | X | X | | | | X | |
| 5. Program fidelity | X | | | | | | X | | |

Note: NREPP (National Registry of Evidence-based Programs and Practices); WWCH (What Works Clearinghouse); Blueprints (Blueprints Programs); CEBC (California Evidence Based Clearinghouse); UNDOC (United Nations Office on Drugs and Crime); PPN (Promising Practices Network); FTF (East Maricopa Country Regional Partnership Council of First Things First); CBCAP (FRIENDS, the National Center for Community-Based Child Abuse Prevention); OJJDP (Office of Juvenile Justice and Delinquency Prevention)

FIRST THINGS FIRST

- 3 criteria for funding:
 - Promising practice
 - Evidence-informed
 - Evidence-based

WHAT IS PROMISING PRACTICE?

- A program or service that has a clearly articulated **theory of change** (logic model) with **specified implementation and operational processes** (activities) and program outcomes.
- Informed by at least one of the following:
 - Evidence-based practices of a similar program but does not have complete **fidelity** to that model
 - A similar program that is accepted as appropriate for use with the **target population** to achieve the program outcomes but has yet to be evaluated
 - **Culturally responsive practices** that are known to contribute positively to program outcomes

WHAT IS EVIDENCE-INFORMED?

- A program or service that has a clearly articulated **theory of change** (logic model) and has had **some evaluation of the outcomes**.
 - Can be based on one program or service model that has been evaluated in multiple settings.
 - Cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.

WHAT IS EVIDENCE-BASED?

- Evidence-based programs are programs that have been: (1) **validated by documented and scientific research** and (2) the evidence has gone through a **peer review process**.
 - Evidence is established through scientific research that has had a comparison between an **intervention group and a control group** where the intervention group had a significant impact.
 - Findings are published in a **peer-reviewed journal**.

THE JOURNEY TO EVIDENCE-BASED: 3 PHASES

- **Phase 1:** Pre-post design
- **Phase 2:** Randomized control trial (RCT)
- **Phase 3:** RCTs conducted by independent researchers and in different populations

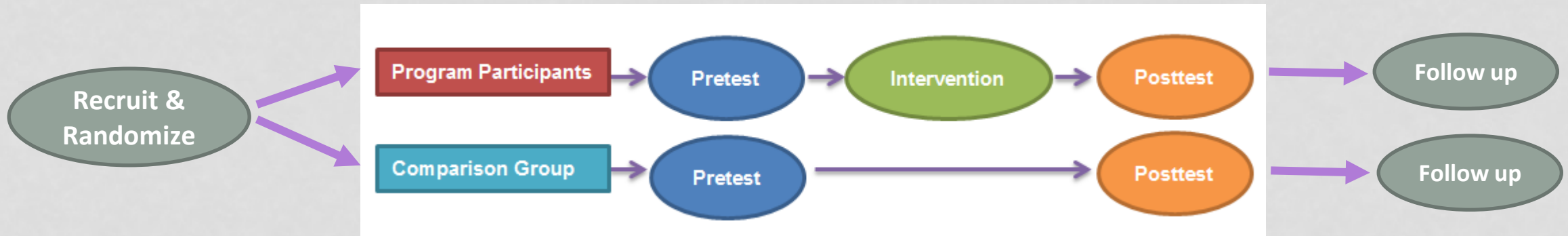
PHASE 1

- Studies with a **pre/post design**



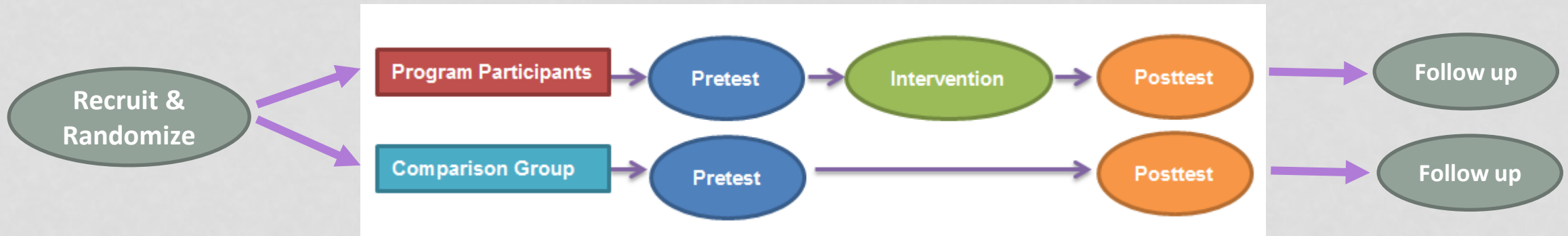
PHASE 2

- Randomized control trials (**RCTs**) conducted by program developers



PHASE 3

- RCTs conducted by **independent** researchers and in **different populations**



COMMUNITY PARTNERSHIPS

- The path to evidence-based programming is



COMMUNITY PARTNERSHIPS

- Partnering with another organization may be one way to manage some of these costs and to access the resources necessary for a large scale evaluation.
 - Grant writing
 - Funding resources
 - Evaluation staff

UNIVERSITY-COMMUNITY PARTNERSHIPS

- Why choose a university partner?
 - Expertise in program outcomes
 - Grant writing and publishing requirements
 - Access to reliable/validated assessments to use in evaluation
 - Access to undergraduate research assistants



STORIES FROM THE FIELD

- Diana Gal
 - CARE Project with New Directions Institute
- Michelle Taylor
 - Partnership with Scottsdale Public Library

CARE: AN OPPORTUNITY

- Community Action Research Experience (CARE)
- **Collaborative Goal:**
 - Develop an evaluation plan & RCT design

DEVELOPING A PLAN

1. Identify specific and measurable outcomes
 - Mission Statement, Curriculum, Logic Model

PROGRAM GOAL

ACTIVITIES

SHORT-TERM OUTCOMES

INTERMEDIATE OUTCOMES

LONG-TERM OUTCOMES



Nurse-Family Partnership Theory of Change Logic Model

IMPROVE pregnancy outcomes by helping women improve prenatal health

Home visits weekly the first month following program enrollment, then every other week until birth of infant. Nurses address:

- Effects of smoking, alcohol and illicit drugs on fetal growth, and assist women in identifying goals and plans for reducing cigarette smoking, etc.;
- Nutritional and exercise requirements during pregnancy and monitor and promote adequate weight gain;
- Other risk factors for pre-term delivery/low birth weight (e.g., genitourinary tract infections, pre-eclampsia);
- Preparation for labor and delivery/childbirth education;
- Basics of newborn care and newborn states;
- Family planning/birth control following delivery of infant;
- Adequate use of office-based prenatal care; and
- Referrals to other health and human services as needed.

Pregnant women display improved health behaviors.

- ↓ cigarette smoking
- ↓ pregnancy-induced hypertension
- ↑ use of community resources

Newborns are ≥37 weeks gestation & weigh 2500 grams or more.

- ↓ pre-term delivery among smokers
- ↑ birth weight among young teens (<17 years)
- ↓ neurodevelopmental impairment

Parents demonstrate sensitive and competent caregiving for infants and toddlers.

- ↓ childrearing beliefs associated with child maltreatment (Bavolek AAPI)
- ↓ verified cases of child abuse & neglect
- ↓ incidents of child injuries or ingestions
- ↑ stimulating home environments, i.e., increase in appropriate play materials (HOME Inventory)

Child displays age and gender appropriate development.

- ↓ language & cognitive/mental delays
- ↑ more responsive in interactions with mothers (NCAST)/less distress to fear stimuli

Early Childhood (4-6 yrs):

- ↓ safety hazards in home
- ↑ stimulating home environment - HOME score
- ↓ incidents of injuries & ingestions noted in medical records
- ↑ Preschool Language Scale scores
- ↑ Executive Functioning Composite scores
- ↓ problems in clinical range on Achenbach CBCL

Adolescence (15 yrs):

- ↓ state-verified reports of child abuse and neglect from 0-15 years
- ↓ arrests and adjudication for incorrigible behavior (e.g. truancy, destroying property)

Parents have developed plans for economic self-sufficiency.

- ↓ subsequent pregnancies
- ↑ interval between 1st and 2nd child
- ↑ number of months women employed during child's 2nd year
- ↓ months on welfare
- ↑ father involvement in child care and support

Early parental life course (3-4 yrs following program completion):

- ↓ additional pregnancies and live births
- ↓ months on AFDC and Food Stamps
- ↑ rates of living with father of child
- ↑ rates of marriage

Later parental life course (13 yrs following program completion):

- ↓ additional pregnancies and live births
- ↑ spacing between 1st and 2nd child
- ↓ months on AFDC and Food Stamps
- ↓ arrests and convictions
- ↓ days in jail

IMPROVE child health and development by helping parents provide sensitive and competent caregiving

Home visits weekly postpartum period, every 2 weeks until toddler is 21 months, monthly until child is 2 years. Nurses:

- Educate parent on infant/toddler nutrition, health, growth, development and environmental safety;
- Role model PIPE activities to promote sensitive parent-child interactions facilitative of developmental progress;
- Assess parent-child interaction, using NCAST sleeping and teaching scales and provide guidance as needed;
- Assess infant/toddler's developmental progress at selected intervals using Ages and Stages Questionnaire or DDSII, and provide guidance as needed;
- Promote adequate use of well-child care;
- Guidance to new parents in building and fostering social support networks;
- Guidance assessing safety of potential/actual child care arrangements; and
- Referrals to other health and human services as needed.

IMPROVE parental life-course by helping parents develop a vision for their future, plan subsequent pregnancies, continue their education and find work

Home visits weekly during postpartum period, every 2 weeks until toddler is 21 months, monthly until child is 2 years. Nurses:

- Facilitate decision-making regarding planning of future children and selection of birth control to achieve goals;
- Assist parents to set realistic goals for education and work, and identify strategies for attaining goals;
- Coaching parents in building and fostering relationships with other community services;
- Parents' family planning, education and work goals; and
- Referrals to other health and human services as needed.

DEVELOPING A PLAN

2. Identify questionnaires and assessments to use

- Literature review
- Narrow down
- Obtain measures



DEVELOPING A PLAN

3. Pilot and refine

- Try measures
- Narrow down
- Obtain measures



UNIVERSITY-COMMUNITY PARTNERSHIP

- Arizona State University-Scottsdale Public Library
 - Understanding various goals and perspectives
 - Consensus Building
 - Assessment
 - Refinement
 - Implementation

This is an iterative process



OBSERVATION

- Observed multiple sessions, instructors, and locations
- Paying close attention to:
 - Structure/Messaging
 - Content
 - Quality
- Does the programming appear to align with the goals set by the library?



ALIGNMENT

- What goals do you have for your programming?
- How does your programming align with those goals?
- What are the most important aspects of the program? Why?



THEORY OF CHANGE

| Inputs/Resources | Activities (what happens during each session) | Outputs (what we expect to see during/shortly after the program) | Outcomes (what changes we expect to see continue after program ends) | Impact (what differences we hope the program can make for the community) |
|--|---|---|---|--|
| LSTA Funds Library staff Library resources (materials, building) ASU evaluators | <p>Hands-on activities that encourage fine/gross motor, persistence, and basic math & science concepts.</p> <p>Discuss how to take activities home (e.g., open ended questions)</p> <p>2 books read aloud.</p> <p>2 Songs</p> <p>Reflect on what “took home” from last week – parents sharing with other parents.</p> | <p>Satisfied caregivers & happy kids (post-survey)</p> <p>More Child-centered beliefs about parenting and child development (e.g., follow child’s lead)</p> <p>Parents doing activities/extensions at home</p> <p>Caregivers will see books as a resource for supporting math and science thinking (process focused)</p> <p>More interactions between caregivers and children during class sessions</p> | <p>Improve Parenting practices/skills</p> <ul style="list-style-type: none"> • Responsiveness (individualizing) • Scaffolding • Analysis and Reasoning • Prompting Thought Processes • Encouragement and Affirmation <p>More quality reading time between caregiver and child.</p> <p>Extending reading into the real world.</p> <p>Create a community of learners among caregivers in the class (parent teaching parents)</p> | <p>Improve children’s “school readiness skills” “to create math and scientific thinkers”</p> <ul style="list-style-type: none"> • approaches to learning • initiative, • curiosity, • attentiveness and persistence, • confidence, • creativity, • reasoning and problem solving <p>Greater use of library resources among families with young children.</p> <p>perception of the library as a place that offers more than access to book</p> |

FIRST STEP: PRE-POST DESIGN

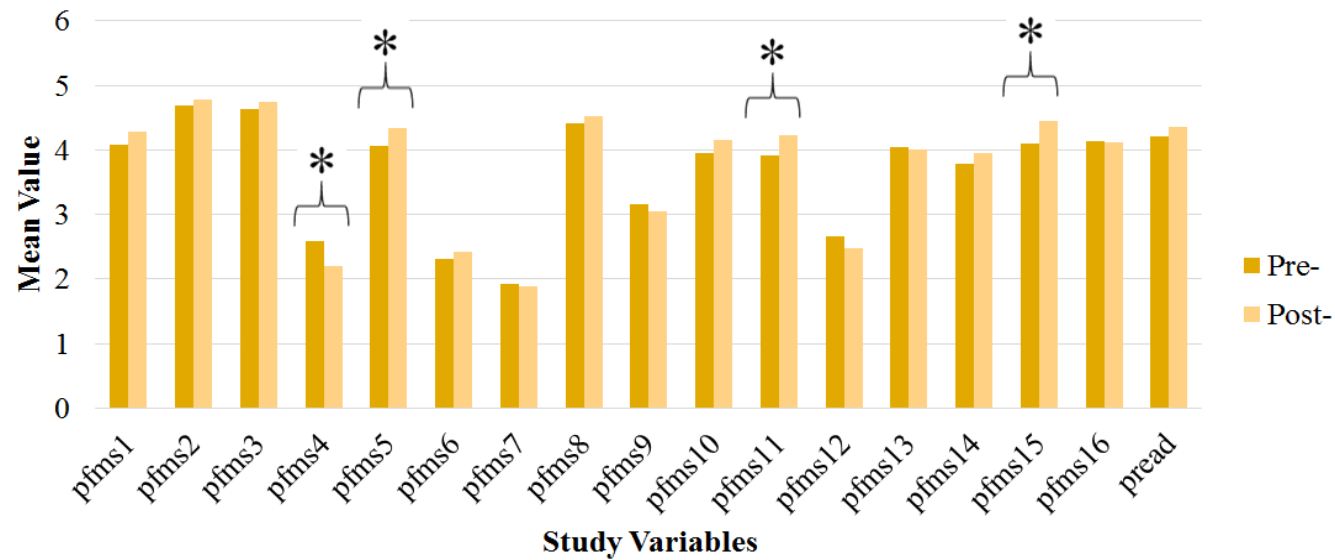
- 276 families participated in programming
- 141 families attended Books Can...[©]
- 135 families attended Fun with Math & Science



- **Demographics**
- Parents
 - 81.8% Mothers
 - 74% Bachelors Degree or higher
 - 87.2% Speak English at home
 - 60% Caucasian
 - 16% Hispanic
 - 10% Asian Indian
- Children
 - Age: 13 weeks - 5 years
 - 50% in regular childcare

MEASURING FOR SUCCESS FUN WITH MATH & SCIENCE FINDINGS

Figure 4
Mean Comparisons Pre- to Post- for
Fun with Math & Science Specific Items



LESSONS LEARNED FROM PARTNERSHIPS

- Individual roles/partnership goals should be clearly defined
 - May change over time
- Theory of change/logic model should be clearly outlined
- It is an iterative process
- Must be flexible and adaptable
- Communication is key!
- Creating partnerships takes time

TAKE A MOMENT TO REFLECT ON YOUR OWN PROGRAM...

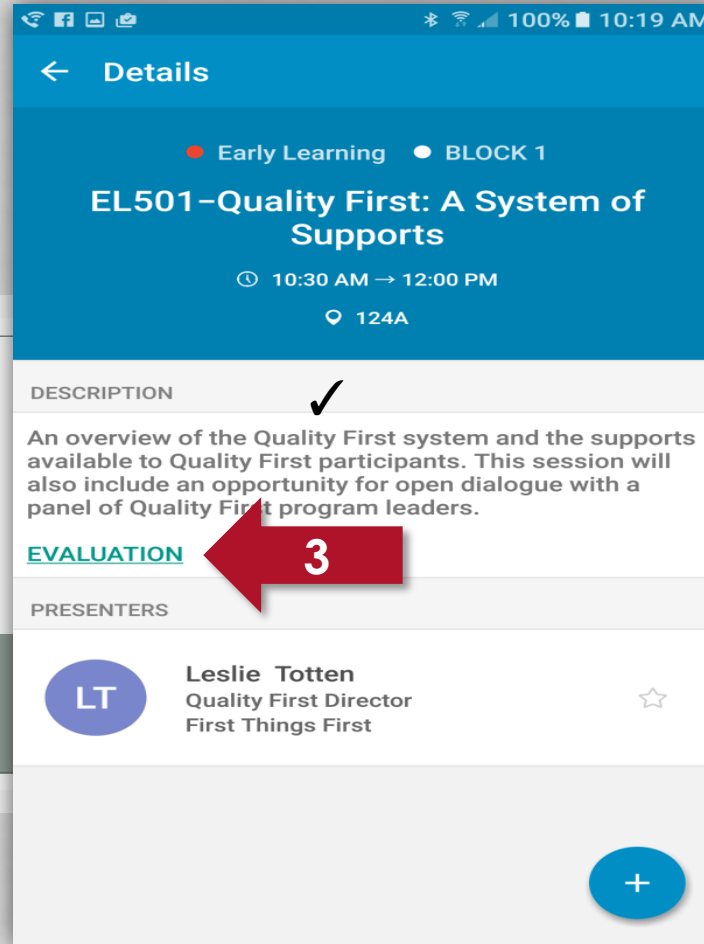
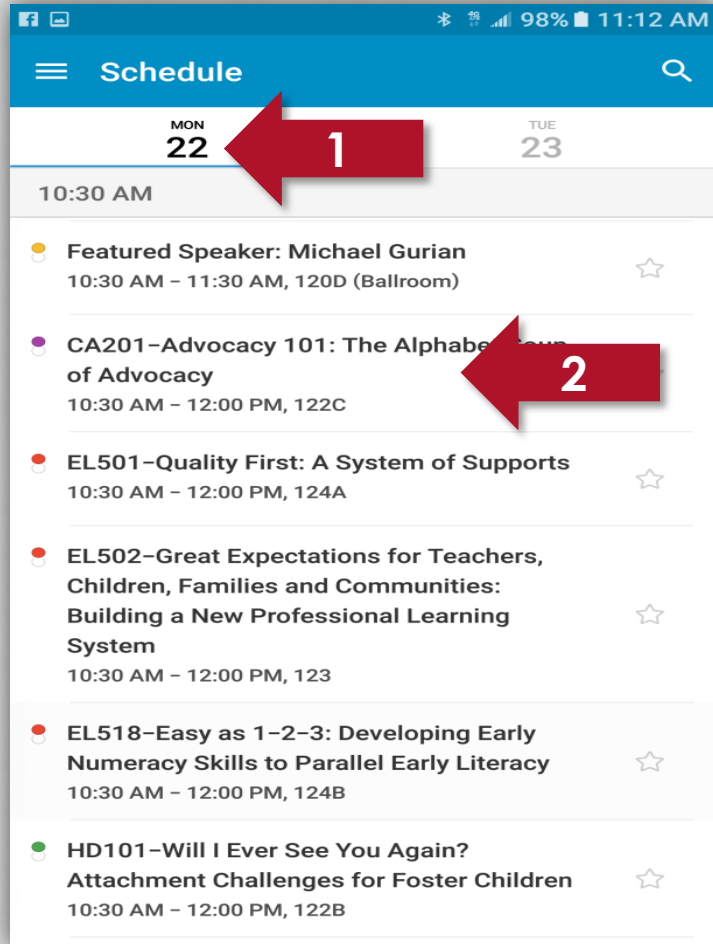
- **What stage is the program at according to the FTF definition?**
(Promising practice, Evidence-informed, Evidence-based)
- **Does program have an explicit theory of change/logic model?**
- **Are program materials and procedures user-friendly? consistently used?** *(Program curriculum; Training manual; attendance tracking)*
- **What type of data are collected as a part of the program?** Pre- and post- data (e.g., surveys, interviews)? Implementation data (e.g., attendance, check-lists)
- **What are some next steps to move toward becoming evidence-based? In what ways might a research partner support this process?**

THANK YOU!

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- Michelle Taylor: michelletaylor@asu.edu
- Megan Pratt: megan.pratt@asu.edu

COMPLETE THE BREAKOUT SESSION EVALUATION ON THE MOBILE APP



The Journey to Becoming Evidence-Based

REFLECTION ACTIVITY

Take a moment to reflect on your own program...

- **What stage is the program at according to the FTF definition?** (*Promising practice, Evidence-informed, Evidence-based*)
- **Does the program have an explicit theory of change and/or logic model?** If so, describe it briefly (in words or an image).
- **Are program materials and procedures user-friendly? consistently used?** Describe.
- **What types of data are collected as a part of the program?** Describe.
- **What are some next steps to move toward becoming evidence-based?** In what ways might a research partner support this process?

ADDITIONAL RESOURCES

W.K. Kellogg Foundation

<https://www.wkkf.org/resource-directory>

Check out the Logic Model Development Guide & Evaluation Handbook.

University of Wisconsin – Extension Office

<http://fyi.uwex.edu/programdevelopment/>

Straight-forward, practical tips for logic models and more...

Better Evaluation

<http://betterevaluation.org/>

Breaks down and clearly explains each aspect of the evaluation process.

American Evaluation Association

<http://www.eval.org/>

Check out the 'find an evaluator' tab to find evaluators in your area.